Fill in thi					
Debtor 1	Robert John Ko First Name	rda Middle Name	e Last Name		
Debtor 2					
Spouse, if filing)	First Name	Middle Name	e Last Name		
Jnited States Bar	nkruptcy Court for the:	MIDDLE DISTR DIVISION	ICT OF PENNSYLVANIA, WILKES-BAR	RE	
Case number	5:22-bk-1381				☐ Check if this is a amended filing
Schedulen each category, senink it fits best. Be	e as complete and accura e space is needed, attach	pe items. List an as: ate as possible. If t	set only once. If an asset fits in more than wo married people are filing together, both o this form. On the top of any additional pa	are equally responsible for s	supplying correct
Part 1: Describe	Each Residence, Buildin	g, Land, or Other R	eal Estate You Own or Have an Interest In		
Do you own or h ☐ No. Go to Part		le interest in any re	sidence, building, land, or similar property′	?	
_	2.	le interest in any re	sidence, building, land, or similar property?	?	
No. Go to Part Yes. Where is	2.	·	sidence, building, land, or similar property?	?	
No. Go to Part Yes. Where is	the property?	·		Do not deduct secured	claims or exemptions. Put
No. Go to Part Yes. Where is 1 1300 Corb	the property?	w	/hat is the property? Check all that apply	Do not deduct secured the amount of any secured	claims or exemptions. Put ured claims on Schedule D: laims Secured by Property.
No. Go to Part Yes. Where is 1 1300 Corb	by Rd if available, or other description	w	That is the property? Check all that apply Single-family home Duplex or multi-unit building	Do not deduct secured the amount of any secured	ured claims on Schedule D:
No. Go to Part Yes. Where is 1 1300 Corb Street address,	by Rd if available, or other description	w	Investment property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property	Do not deduct secured the amount of any secureditors Who Have Control Courrent value of the	ured claims on Schedule D: laims Secured by Property. Current value of the portion you own?
No. Go to Part Yes. Where is 1 1300 Corb Street address,	e the property? By Rd If available, or other description	709 ZIP Code	In that is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	Do not deduct secured the amount of any secureditors Who Have Control of the entire property? \$278,000.00 Describe the nature of (such as fee simple, to a life estate), if known	Current value of the portion you own? \$278,000.0 If your ownership interest enancy by the entireties, o
No. Go to Part Yes. Where is 1300 Corb Street address, Luzerne City	e the property? By Rd If available, or other description	709 ZIP Code	Interpretation of the content of the	Do not deduct secured the amount of any secureditors Who Have Contract value of the entire property? \$278,000.00 Describe the nature of (such as fee simple, the contract value)	Current value of the portion you own? \$278,000.0 If your ownership interest enancy by the entireties, o
No. Go to Part Yes. Where is 1300 Corb Street address, Luzerne City Luzerne	e the property? By Rd If available, or other description	709 ZIP Code	Interest in the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other The has an interest in the property? Check or Debtor 1 only Debtor 2 only	Do not deduct secured the amount of any secureditors Who Have Control of the entire property? \$278,000.00 Describe the nature of (such as fee simple, to a life estate), if known	Current value of the portion you own? \$278,000.0 If your ownership interest enancy by the entireties, o
No. Go to Part Yes. Where is 1300 Corb Street address, Luzerne City	e the property? By Rd If available, or other description	709 ZIP Code	Indicate the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Cho has an interest in the property? Check or Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured the amount of any sect Creditors Who Have C Current value of the entire property? \$278,000.00 Describe the nature of (such as fee simple, to a life estate), if known Fee Simple	Current value of the portion you own? \$278,000.0 If your ownership interest enancy by the entireties, o
No. Go to Part Yes. Where is 1 1300 Corb Street address, Luzerne City Luzerne	e the property? By Rd If available, or other description	TO9 ZIP Code W	Indicate the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Cho has an interest in the property? Check or Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured the amount of any sect Creditors Who Have C Current value of the entire property? \$278,000.00 Describe the nature of (such as fee simple, the life estate), if known Fee Simple Check if this is con (see instructions)	Current value of the portion you own? \$278,000.0 If your ownership interest enancy by the entireties, on.

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Deb	tor 1 K	orda, Robe	ert John		Case numl	ber (if known)	5:22-bk	k-1381
3. C a	ars, vans,	trucks, tract	ors, sport utility ve	hicles, motorcycles				
П	No							
	Yes							
_	res							
3.1	Make:	Ford		Who has an interest in the property? Check of	Do Do	not deduct secu	ured claims	or exemptions. Put
3.1		F150 Picl	cup 4WD	_	the			ims on Schedule D: ecured by Property.
	Model: Year:	2018	Kup 447D	■ Debtor 1 only □ Debtor 2 only				
		nate mileage:	_	Debtor 1 and Debtor 2 only		rrent value of t ire property?		urrent value of the ortion you own?
		ormation:		☐ At least one of the debtors and another			·	•
				_		¢20.274	00	¢20.274.00
				Check if this is community property (see instructions)		\$28,374	.00	\$28,374.00
				, , ,				
■ □	No Yes	illar value of	the portion you ow	ercraft, fishing vessels, snowmobiles, motorcy n for all of your entries from Part 2, includ mber here	ing any entries			\$28,374.00
.у	ou nave a	ittacrica for f	art 2. Write that ha	mber nere	·····	١		
Part	3: Descri	be Your Perso	nal and Household It	ems				
Do y	ou own o	r have any le	egal or equitable int	erest in any of the following items?			port Do n	rent value of the ion you own? ot deduct secured as or exemptions.
		,	urnishings ces, furniture, linens,	china, kitchenware				
_	■ res. De	SCHDe	Household God	ods and Furniture				\$5,000.00
								, , , , , , , , , , , , , , , , , , ,
E		Televisions an including cell	phones, cameras, n	o, stereo, and digital equipment; computers, pr nedia players, games	inters, scanners	; music collec	tions; elec	
			Misc Electronic	<u> </u>				\$1,200.00
E		Antiques and footlections, m	figurines; paintings, p lemorabilia, collectib	prints, or other artwork; books, pictures, or other les	er art objects; sta	amp, coin, or b	oaseball ca	ard collections; other
E	xamples:	for sports an Sports, photog instruments		d other hobby equipment; bicycles, pool tables,	, golf clubs, skis	; canoes and k	kayaks; ca	rpentry tools; musical
	Yes. De	scribe						A
			Fishing Poles a	and Tackle				\$250.00
	No Yes. De	scribe	, shotguns, ammuni	tion, and related equipment				
UTTIC	al Form 10	JbA/B		Schedule A/B: Property				page 2

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Debtor	1 Korda, Rob	ert Johr	1	Case number (if known)	5:22-bk-1381
11. Clo	thes				
Ex	amples: Everyday clo	thes, furs	s, leather coats, designer we	ear, shoes, accessories	
\square N	lo				
■ Y	es. Describe				
		Cloth	ina		\$400.00
		0.0	9		
12. Jew	velry				
Ex	amples: Everyday jev	elry, cost	tume jewelry, engagement r	rings, wedding rings, heirloom jewelry, watches, gems, gold,	silver
\square N	lo				
■ Y	es. Describe				
		Jewel	lrv		\$250.00
		Dewei			
13. No r	n-farm animals				
Exa	amples: Dogs, cats, l	oirds, hor	ses		
\square N	lo				
■ Y	es. Describe				
•		(2) Do			\$100.00
		(2) DC	<i>y</i> gs		
14. Anv	other personal and	d househ	nold items you did not alr	ready list, including any health aids you did not list	
ΠŃ			, , , , , , , , , , , , , , , , , , , ,	, .,	
	-				
— Y	es. Give specific info	$\overline{}$			#0.500.00
		Zero	Turn Turo Mower		\$2,500.00
1	مريامين عملا المام	of all of .	outries from Dort 2 :	including any entries for pages you have attached for	
		-	90ur entries from Part 3, 1		\$9,700.00
Г	art 3. Write that hun	ibei ileit	<i>5</i>	······································	
Part 4:	Describe Your Finan	cial Asset	te		
			quitable interest in any o	f the following?	Current value of the
DO you	i Own or nave any i	egai oi e	quitable interest in any o	i the following?	portion you own?
					Do not deduct secured
					claims or exemptions.
16. Cas					
		ave in vo			
□N	la		ur wallet, in your home, in a	a safe deposit box, and on hand when you file your petition	
■ Y	10	,.	ur wallet, in your home, in a	safe deposit box, and on hand when you file your petition	
			ur wallet, in your home, in a		
					\$10.00
					\$10.00
					\$10.00
17. De p	es				\$10.00
	oosits of money				
	oosits of money amples: Checking, sa	avings, or	other financial accounts; co	Cash	
	posits of money amples: Checking, sa institutions.	avings, or	other financial accounts; co		
Exa	posits of money ramples: Checking, sa institutions.	avings, or	other financial accounts; co		
Exa	posits of money amples: Checking, sa institutions.	avings, or	other financial accounts; co	Cash sertificates of deposit; shares in credit unions, brokerage house the same institution, list each.	
Exa	posits of money ramples: Checking, sa institutions.	avings, or	other financial accounts; cover multiple accounts with t	Cash certificates of deposit; shares in credit unions, brokerage house the same institution, list each. Institution name:	ses, and other similar
Exa	posits of money ramples: Checking, sa institutions.	avings, or	other financial accounts; cover multiple accounts with t	Cash certificates of deposit; shares in credit unions, brokerage house the same institution, list each. Institution name:	
Exa	posits of money ramples: Checking, sa institutions.	avings, or If you ha	other financial accounts; cover multiple accounts with t	Cash certificates of deposit; shares in credit unions, brokerage house the same institution, list each. Institution name:	ses, and other similar
Exa	posits of money ramples: Checking, sa institutions.	avings, or If you ha	other financial accounts; cover multiple accounts with t	Cash certificates of deposit; shares in credit unions, brokerage house the same institution, list each. Institution name:	ses, and other similar
Exa	posits of money ramples: Checking, sa institutions.	avings, or If you ha	other financial accounts; cover multiple accounts with the Checking Account	Cash certificates of deposit; shares in credit unions, brokerage house the same institution, list each. Institution name: Cross Valley FCU	ses, and other similar
Exa	posits of money ramples: Checking, sa institutions.	avings, or If you ha	other financial accounts; cover multiple accounts with the Checking Account	Cash certificates of deposit; shares in credit unions, brokerage house the same institution, list each. Institution name:	ses, and other similar
Exa	posits of money ramples: Checking, sa institutions.	avings, or If you ha	other financial accounts; cover multiple accounts with the Checking Account	Cash certificates of deposit; shares in credit unions, brokerage house the same institution, list each. Institution name: Cross Valley FCU	ses, and other similar
Exi □ N ■ Y	posits of money amples: Checking, sa institutions. lo fes	avings, or lf you ha	cother financial accounts; cover multiple accounts with the count of t	Cash certificates of deposit; shares in credit unions, brokerage house the same institution, list each. Institution name: Cross Valley FCU Cross Valley FCU	ses, and other similar
Exi □ N ■ Y	posits of money amples: Checking, sa institutions. lo fes	avings, or lf you ha	cother financial accounts; cover multiple accounts with the count of t	Cash certificates of deposit; shares in credit unions, brokerage house the same institution, list each. Institution name: Cross Valley FCU	ses, and other similar
Exi □ N ■ Y	posits of money amples: Checking, sa institutions. Ido Yes	avings, or lf you ha	cother financial accounts; cover multiple accounts with the count of t	Cash certificates of deposit; shares in credit unions, brokerage house the same institution, list each. Institution name: Cross Valley FCU Cross Valley FCU	ses, and other similar
Exi N Y 18. Bor Exx	posits of money amples: Checking, sa institutions. Ido Yes	avings, or lf you ha	cother financial accounts; cover multiple accounts with the count of t	Cash certificates of deposit; shares in credit unions, brokerage house the same institution, list each. Institution name: Cross Valley FCU Cross Valley FCU e firms, money market accounts	ses, and other similar

Official Form 106A/B Schedule A/B: Property

Debtor 1	Korda, Robert John		Case number (if known)	5:22-bk-1381
	oublicly traded stock and interests venture	s in incorporated and unincorpor	ated businesses, including an interest i	n an LLC, partnership, and
■ No				
☐ Yes	s. Give specific information about th Name of en		% of ownership:	
Nego Non- ■ No	rnment and corporate bonds and triable instruments include personal of negotiable instruments are those you	checks, cashiers' checks, promissor cannot transfer to someone by sign	ry notes, and money orders.	
LI TES	. Give specific information about ther Issuer name			
	ement or pension accounts hples: Interests in IRA, ERISA, Keog	ıh, 401(k), 403(b), thrift savings ac	counts, or other pension or profit-sharing p	olans
Yes	. List each account separately.			
	Type of account	nt: Institution name	э:	
	Pension Pla	n <u>Teamsters F</u>	ension	unknown
Your	rity deposits and prepayments share of all unused deposits you hav apples: Agreements with landlords, pre		ervice or use from a company as, water), telecommunications companies,	or others
	i	Institution name	e or individual:	
23. Annu	ities (A contract for a periodic payme	ent of money to you, either for life or	for a number of years)	
■ No □ Yes	Issuer name and de	escription.		
	sts in an education IRA, in an acco c.C. §§ 530(b)(1), 529A(b), and 529(b)		n, or under a qualified state tuition progr	am.
☐ Yes	Institution name and	d description. Separately file the rec	ords of any interests.11 U.S.C. § 521(c):	
25. Trust : ■ No	s, equitable or future interests in p	property (other than anything lis	ted in line 1), and rights or powers exerc	isable for your benefit
☐ Yes	s. Give specific information about th	em		
Exan ■ No	ts, copyrights, trademarks, trade apples: Internet domain names, websit s. Give specific information about the	es, proceeds from royalties and lice		
27. Licen	ses, franchises, and other genera	l intangibles	ngs, liquor licenses, professional licenses	
■ No	s. Give specific information about th	· •	igs, liquol licenses, professional licenses	
Money o	r property owed to you?			Current value of the
money o	i property office to you.			portion you own? Do not deduct secured claims or exemptions.
28. Tax re	efunds owed to you			
■ Yes	. Give specific information about ther	m, including whether you already file	ed the returns and the tax years	
		IRS Tax Refund	Federal	\$2,200.00

Official Form 106A/B Schedule A/B: Property page 4

De	ebtor 1	Korda, Robert John	Case number (if known)	5:22-bk-1381
29.	•	support oles: Past due or lump sum alimony, spousal support, child support, mainten	nance, divorce settlement, property s	settlement
	■ No			
	☐ Yes.	Give specific information		
30.		amounts someone owes you bles: Unpaid wages, disability insurance payments, disability benefits, sick pay unpaid loans you made to someone else	v, vacation pay, workers' compensati	on, Social Security benefits;
	■ No	Cive apositic information		
		Give specific information		
31.		ts in insurance policies oles: Health, disability, or life insurance; health savings account (HSA); credit,	homeowner's, or renter's insurance	
	☐ Yes.	Name the insurance company of each policy and list its value.		
		Company name:	Beneficiary:	Surrender or refund value:
32.	Any into If you a died.	terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance policing	y, or are currently entitled to receive p	property because someone has
	_	Give specific information		
33.	Examp	against third parties, whether or not you have filed a lawsuit or made a ples: Accidents, employment disputes, insurance claims, or rights to sue	demand for payment	
	■ No			
	☐ Yes.	Describe each claim		
34.	Other o	contingent and unliquidated claims of every nature, including countercl	aims of the debtor and rights to s	et off claims
	☐ Yes.	Describe each claim		
35.	Any fin ■ No	ancial assets you did not already list		
	_	Give specific information		
36		he dollar value of all of your entries from Part 4, including any entries f Write that number here		\$2,225.00
Pa	rt 5: De	scribe Any Business-Related Property You Own or Have an Interest In. List any	real estate in Part 1.	
		own or have any legal or equitable interest in any business-related property?		
	_ ′	to Part 6.		
l	☐ Yes. 0	Go to line 38.		
Pa		scribe Any Farm- and Commercial Fishing-Related Property You Own or Have a ou own or have an interest in farmland, list it in Part 1.	n Interest In.	
46.		own or have any legal or equitable interest in any farm- or commercial Go to Part 7.	fishing-related property?	
	☐ Yes	. Go to line 47.		
Pa	rt 7:	Describe All Property You Own or Have an Interest in That You Did Not List A	bove	
53.		have other property of any kind you did not already list? bles: Season tickets, country club membership		
		Cive appoints information		
	⊔ Yes.	Give specific information		

Official Form 106A/B Schedule A/B: Property page 5

Deb	Korda, Robert John		Case number (if known)	5:22-bk-1381
54.	Add the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$278,000.00
56.	Part 2: Total vehicles, line 5	\$28,374.00		
57.	Part 3: Total personal and household items, line 15	\$9,700.00		
58.	Part 4: Total financial assets, line 36	\$2,225.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$40,299.00	Copy personal property to	\$40,299.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$318,299.00

Official Form 106A/B

Fill in this	s information to identif	y your case:			
Debtor 1	Robert John Kor				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	MIDDLE DISTRICT OF DIVISION	PENNSYLVANIA, WILKES-BA	BARRE	
Case number 5	5:22-bk-1381			Charlett this is	
(II KIIOWII)				Check if this is amended filing	

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Нa	Identify the Property You Claim as E	xempt				
1.	Which set of exemptions are you claiming?	? Check one only, even	if you	r spouse is filing with you.		
	☐ You are claiming state and federal nonbank	ruptcy exemptions. 11	U.S.C	5. § 522(b)(3)		
	■ You are claiming federal exemptions. 11 U	.S.C. § 522(b)(2)				
2.	For any property you list on Schedule A/B	or any property you list on Schedule A/B that you claim as exempt, fill in the information below.				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	1300 Corby Rd	\$278,000.00		\$27,900.00	11 USC § 522(d)(1)	
	Luzerne PA, 18709 County: Luzerne PIN: F8 BA L 18C Line from Schedule A/B 1.1			100% of fair market value, up to any applicable statutory limit		
	Ford F150 Pickup 4WD	\$28,374.00		\$4,450.00	11 USC § 522(d)(2)	
	2018 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit		
	Ford F150 Pickup 4WD	\$28,374.00		\$1,300.00	11 USC § 522(d)(5)	
	2018 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit		
	Household Goods and Furniture Line from Schedule A/B 6.1	\$5,000.00		\$5,000.00	11 USC § 522(d)(3)	
	Line nom Scriedule A/D. V. I			100% of fair market value, up to		

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

tor 1 Korda, Robert John			Case number (if known)	5:22-bk-1381
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
Misc Electronics Line from Schedule A/B 7.1	\$1,200.00		\$1,200.00	11 USC § 522(d)(3)
Life from Sollicage /VZ 111			100% of fair market value, up to any applicable statutory limit	
Clothing Line from Schedule A/B 11.1	\$400.00		\$400.00	11 USC § 522(d)(3)
and non gardade A/Z 11.1			100% of fair market value, up to any applicable statutory limit	
Jewelry Line from Schedule A/B 12.1	\$250.00		\$250.00	11 USC § 522(d)(4)
Line Holl Schedule A/B. 12.1			100% of fair market value, up to any applicable statutory limit	
(2) Dogs Line from Schedule A/B 13.1	\$100.00		\$100.00	11 USC § 522(d)(3)
Line Holli Schedule A/B. 13.1			100% of fair market value, up to any applicable statutory limit	
Cash _ine from Schedule A/B 16.1	\$10.00		\$10.00	11 USC § 522(d)(5)
Life Holl Schedule A.D. 10.1			100% of fair market value, up to any applicable statutory limit	
Cross Valley FCU	\$10.00		\$10.00	11 USC § 522(d)(5)
and nonrectale / VZ IIII			100% of fair market value, up to any applicable statutory limit	
Cross Valley FCU	\$5.00		\$5.00	11 USC § 522(d)(5)
Line Holl Schedule A.D. 11.2			100% of fair market value, up to any applicable statutory limit	
Feamsters Pension Line from Schedule A/B 21.1	Unknown			11 USC § 522(d)(10)(E)
Line Holl Schedule A/D. 21.1			100% of fair market value, up to any applicable statutory limit	
Are you claiming a homestead exemption (Subject to adjustment on 4/01/25 and every 3			on or after the date of adjustment.)	
Yes. Did you acquire the property covered	ed by the exemption within	า 1,21	5 days before you filed this case?	
□ No		•		
☐ Yes				

Official Form 106C

	Fill in th	is information to ident	ify your case:					
Deb	tor 1	Robert John Ko	rda					
		First Name	Middle Name Last Na	ame		•		
	tor 2 use if, filing)	First Name	Middle Name Last Na	ıme		-		
	. 0,		MIDDLE DISTRICT OF DENINGVI VAN	14 14/11	VEC DADDE			
Unit	ed States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF PENNSYLVAN DIVISION	IA, WILI	NES-BARKE			
Cas	e number	5:22-bk-1381						
(if kno	own)							if this is an
							amend	ded filing
Offi	cial Forr	m 106D						
Sc	hedule	D: Creditors	Who Have Claims Secu	ıred	by Propert	V		12/15
ļ	any creditors ☐ No. Chec ☐ Yes. Fill ir	s have claims secured by k this box and submit thi n all of the information be all Secured Claims	s form to the court with your other schedules	s. You ha	ave nothing else to re	eport on this form	n.	Column C
			nore than one secured claim, list the creditor sepa a particular claim, list the other creditors in Part 2		Amount of claim	Value of colla	toral	Unsecured
			a particular claim, list the oriel creditors in Part 2	A5	Do not deduct the value of collateral.	that supports		portion If any
2.1	Carringto Services	on Mortgage	Describe the property that secures the claim	1:	\$133,265.00	\$278,0	00.00	\$0.00
	Creditor's Nam	ne	1300 Corby Rd, Luzerne, PA 18709 PIN: F8 BA L 18C	9				
	Attn: Bar		As of the date you file, the claim is: Check all t	that				
		ouglass Rd , CA 92806-5948	apply. Contingent					
		t, City, State & Zip Code	☐ Unliquidated					
			☐ Disputed					
Who	owes the d	ebt? Check one.	Nature of lien. Check all that apply.					
_	ebtor 1 only		An agreement you made (such as mortgage car loan)	or secur	ed			
_	ebtor 2 only							
_	ebtor 1 and D	,	☐ Statutory lien (such as tax lien, mechanic's li	ien)				
\square A	t least one of	the debtors and another	☐ Judgment lien from a lawsuit					

Official Form 106D

☐ Check if this claim relates to a

Date debt was incurred 2005-05-07

community debt

Schedule D: Creditors Who Have Claims Secured by Property

☐ Other (including a right to offset)

Last 4 digits of account number

9247

Debtor 1 Robert John Korda First Name Middle N	ame Last Name	Case number (f known)	5:22-bk-1381	
2.2 Citizens Bank	Describe the property that secures the claim:	\$14,627.00	\$28,374.00	\$0.00
Creditor's Name	2018 Ford F150 Pickup 4WD		Ψ20,01 4.00	Ψ0.00
Attention: ROP-15B 1 Citizens Dr Riverside, RI 02915-3026	As of the date you file, the claim is: Check all that apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	An agreement you made (such as mortgage or car loan)	secured		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)		
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred _2018-03	Last 4 digits of account number 859	99		
If this is the last page of your form, add th	umn A on this page. Write that number here: e dollar value totals from all pages.	\$147,892.0 \$147,892.0	_	
Write that number here:		\$147,032.0		
trying to collect from you for a debt you o	e notified about your bankruptcy for a debt that y we to someone else, list the creditor in Part 1, an you listed in Part 1, list the additional creditors I	d then list the collection ager	ncy here. Similarly, if you ha	ave more
Name, Number, Street, City, State 8 Carrington Mortgage SE	·	which line in Part 1 did you ent		
15 Enterprise Aliso Viejo, CA 92656-265		at 4 digits of account number	<u>3247 </u>	
Name, Number, Street, City, State 8	Ç.i.	which line in Part 1 did you ent		
480 Jefferson Blvd Warwick, RI 02886-1359	Las	st 4 digits of account number{	<u>3599 </u>	
Name, Number, Street, City, State 8	a Zip Code On	which line in Part 1 did you ent	er the creditor? 2.1	
701 Market St Ste 5000 Philadelphia, PA 19106-15		st 4 digits of account number	9247_	

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

Fill in this in	nformation to identify you	ır case:				
Debtor 1	Robert John Kore	da				
Debior 1	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name	_		
United States E	Bankruptcy Court for the:	MIDDLE DISTRICT OF PE DIVISION	ENNSYLVANIA, W	/ILKES-BARRE		
Case number	5:22-bk-1381					
(if known)	<u></u>					Check if this is an
					6	amended filing
Schedule		/ho Have Unsecur		art 2 for creditors with NONF	PRIORITY clain	12/15
any executory co Schedule G: Exe D: Creditors Who he Continuation case number (if I	ontracts or unexpired leases cutory Contracts and Unexpi o Have Claims Secured by Pr Page to this page. If you have known).	that could result in a claim. A ired Leases (Official Form 106/ operty. If more space is neede re no information to report in a	Iso list executory c G). Do not include a d, copy the Part yo	ontracts on Schedule A/B: Prany creditors with partially se u need, fill it out, number the	roperty (Offici ecured claims e entries in the	al Form 106A/B) and on that are listed in Schedule boxes on the left. Attach
	All of Your PRIORITY Un					
_ `	litors have priority unsecure	u ciainis against your				
■ No. Go to	Part 2.					
☐ Yes.						
Part 2: List	All of Your NONPRIORIT	Y Unsecured Claims				
3. Do any cred	litors have nonpriority unsec	ured claims against you?				
			with ways ather ach	dulaa		
Yes.	nave nothing to report in this pa	art. Submit this form to the court	with your other sche	aules.		
unsecured cl	laim, list the creditor separately	aims in the alphabetical order of for each claim. For each claim I st the other creditors in Part 3.If	isted, identify what t	ype of claim it is. Do not list cla	ims already inc	cluded in Part 1. If more
2.						Total claim
4.1 Back	Mountain Regional Fi	re Last 4 digits o	f account number	9143		\$928.00
	rity Creditor's Name			0140		Ψ020.00
		When was the	debt incurred?	2022-03		_
	Center Hill Rd					
	s, PA 18612-1154 Street City State Zip Code	As of the date	you file, the claim i	is: Check all that apply		
	curred the debt? Check one.	7.0 00 44.0	, cae,e e.a	one on an anat apply		
■ Deb	tor 1 only	☐ Contingent				
_	tor 2 only	☐ Unliquidated	4			
	tor 1 and Debtor 2 only	☐ Disputed	u .			
	east one of the debtors and and		RIORITY unsecured	d claim:		
	east one of the debtors and and			•		
debt	CK II UIIS CIAIIII IS TOF A COMF	ilumity		ration agreement or divorce that	at vou did not	
Is the c	laim subject to offset?	report as priorit	y claims	agreement of arrondo the	, o a aid iidt	
■ No		Debts to pe	nsion or profit-sharin	g plans, and other similar debts	S	
Пуеѕ		Other Cree	Sife Open acco	unt		

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 4

Debtor	1 Korda, Robert John		Case number (f known) <u>5:22-bk-1381</u>	
4.2	DIRECTV	Last 4 digits of account number	1657	\$384.00
	Nonpriority Creditor's Name	-		ψου-ιου
	2230 E Imperial Hwy El Segundo, CA 90245-3504 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim	2022-05	
	Who incurred the debt? Check one.	As of the date you me, the claim	S. Officer all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Open acco	unt	
4.3	Discover Financial	Last 4 digits of account number	1456	\$3,416.00
	Nonpriority Creditor's Name	-		, ,
	Attn: Bankruptcy PO Box 3025	When was the debt incurred?	1994-02	
	New Albany, OH 43054-3025 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	-		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Revolving	account	
4.4	Plains Volunteer Amb Assoc	Last 4 digits of account number	NFC3	\$720.00
	Nonpriority Creditor's Name	When was the debt incurred?	2022-05	
	90 Maffett St			
	Plains, PA 18705-1933			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	По и		
		☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecuree	d claim:	
	_	Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other Specify Open acco	unt	
		· · · · · · · · · · · · · · · · · · ·		

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 4

Transcribed Child Child Control Child Child Control Child Chil	Debtor 1	Korda, Robert John		Case number (if known)	5:22-bk-1381	
Citicorip Credit/Centralized Bankruptcy PO Box 6497 Namber Street City State 250 Code Who incurred the deth? Check one Debtor 1 and Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only D			Last 4 digits of account number	8980	\$4	471.00
Bankruptcy PO Box 6437 Sloux Falls, SD 57117-6497 Sloux Falls, SD 57117-6497 Sloux Falls, SD 57117-6497 Sloux Falls, SD 57117-6497 Nambur Street Or shall be possible of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 7 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only		. ,	When was the debt incurred?	2020-06		
Sidoux Falls, 5D 57117-6497 Number Sires City Silate 2 Drodo Who incurred the debt? Chock cone. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 on feet 3 only Debtor 1 on feet 4 on		Bankruptcy				
As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debter 1 only						
Debot or any Debo			As of the date you file, the claim	is: Check all that apply		
Debtor 2 only Debtor 1 and Debtor 2 only Disputed			•	11,7		
Debtor 2 only		Debtor 1 only	☐ Contingent			
At least one of the debors and another Check if this claim is for a community debt Student loans Check if this claim is for a community debt Student loans Check if this claim is for a community debt Student loans Check if this claim is for a community debt Student loans Check if this claim is for a community debt Student loans Check if this claim is for a community debt Student loans Check if this claim is for a community debt Student loans Check if this claim is for a community debt Student loans Check if this claim is for a community debt Student loans Check if this claim is for a community debt Student loans Check if this claim is for a community debt Student loans Check if this claim is the collection in the student loans Check if this claim is the collection in the student loans Check if this claim is the student loans Check if this claim is the page only if you have more to be notified about your bank more chan one creditor for any of the debty sour we to continue the student loans Check if this claim is trying to collect for so you have bettly source to claim is trying to collect for so you have more than one creditor for any of the debty source loans when the collection shows a control of the student loans Check if this claim is trying to collection for any of the debt you we to some chain in Parts 1 or 2, list the additional creditor? Commercial Acceptance Last 4 digits of account number Last 4 digits of		Debtor 2 only	-			
Check if this claim is for a community debt (as the claim subject to offset? Check if this claim subject if the claim subject if this c		Debtor 1 and Debtor 2 only	Disputed			
Colligations arising out of a separation agreement or divorce that you did not report as priority claims		☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
Is the claim subject to offset? Part Par		☐ Check if this claim is for a community	☐ Student loans			
Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to plans Debts Debts to pension or profit-sharing plans, and other similar debts Debts Debts to pension or profit-sharing plans, and other similar debts	•	debt		aration agreement or divorce	hat you did not	
Ves		<u> </u>				
List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, the near creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, its the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, its the additional creditors with Priority Unsecured Claims Name and Address Commercial Acceptance 2300 Gettysburg Rd Camp Hill, PA 17011-7303 Name and Address Discover Bank PO Box 39393 Salt Lake City, UT 84130-0939 Last 4 digits of account number NFG3 Name and Address Discover Bank Last 4 digits of account number Last 4 digits of account number NFG3 Name and Address Eastern Revenue Inc 601 Dresher Rd Horsham, PA 19044-2202 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number NFG3 Name and Address Tupelo, MS 38801-6731 Amen and Address On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number NFG3 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number Last 4 digits of account number NFG3 NFG3 NFG3 NFG4 DFG7 NFG6 DFG7 NFG7					xts	
So Last this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you over to someone also, list the original creditor's here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address Commercial Acceptance 2300 Gettysburg Rd Camp Hill, PA 17011-7303 **Part 2 did you list the original creditor's here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address Discover Bank PO Box 30939 Salt Lake City, UT 84130-0939 **All C		☐ Yes	Other. Specify Revolving	account		
So Last this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you over to someone also, list the original creditor's here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address Commercial Acceptance 2300 Gettysburg Rd Camp Hill, PA 17011-7303 **Part 2 did you list the original creditor's here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address Discover Bank PO Box 30939 Salt Lake City, UT 84130-0939 **All C	Don't 2	List Others to De Notified About a Deb	t That Var. Almondu Lintad			
Is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address Commercial Acceptance 2300 Getybsburg Rd Camp Hill, PA 17011-7303 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number NFC3 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number 1456 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number 1456 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number 1456 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number 1456 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 3: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 3: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 3: Creditors with Priority Unsecured Claims Part 4: Greditors with Priority Unsecured Claims Part 3: Creditors with Priority Unsecured Claims Part 4: Greditors with Priority Unsecu				very almostly listed in Danta 4	ar 2. Far avammla, if a callection	
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2300 Gettysburg Rd Camp Hill, PA 17011-7303 Last 4 digits of account number NFC3	Name and	d Address	On which entry in Part 1 or Part 2 did you	u list the original creditor?		
Last 4 digits of account number NFC3 On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number Discover Bank PO Box 30939 Salt Lake City, UT 84130-0939 Name and Address Eastern Revenue Inc 601 Dresher Rd Horsham, PA 19044-2202 On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number 1456 On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number 9143 On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number 9143 Name and Address Franklin Collection Sv 2978 W Jackson St Tupelo, MS 38801-6731 On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number 1657 Name and Address Tractor Supply/Cbna PO Box 6497 Sioux Falls, SD 57117-6497 Last 4 digits of account number 1657 On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number 1657 Name and Address Tractor Supply/Cbna PO Box 6497 Sioux Falls, SD 57117-6497 Last 4 digits of account number 1657 Do now hich entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number 1657 Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Fart 4: Add the Amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only, 28 U.S.C. §159. Add the amounts for each type of unsecured claims. This information is for statistical reporting purposes only, 28 U.S.C. §159. Add the amounts for each type of unsecured claims. This information is for statistical reporting purposes only, 28 U.S.C. §159. Add the amounts for each type of unsecured claims. This information is for statistical reporting purposes only, 28 U.S.C. §159. Add the amounts for each type of unsecured edition of the debts you owe the government 6. Tatal claims from Part 1 6. Claims for death or personal injury wh			Line 4.4 of (Check one):	Part 1: Creditors with Priorit	y Unsecured Claims	
Name and Address Discover Bank PO Box 30939 Salt Lake City, UT 84130-0939 Last 4 digits of account number Name and Address Last 4 digits of account number Last 4 digits of account number 1456 Name and Address Eastern Revenue Inc 601 Dresher Rd Horsham, PA 19044-2202 On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number 1456 On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number 9143 Name and Address Franklin Collection Sv 2978 W Jackson St Tupelo, MS 38801-6731 Name and Address Tractor Supply/Cbna PO Box 6497 Sioux Falls, SD 57117-6497 Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 4: Add the Amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims injury while you were intoxicated 6. Laims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated				Part 2: Creditors with Nonp	iority Unsecured Claims	
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Eastern Revenue Inc 601 Dresher Rd Horsham, PA 19044-2202 Last 4 digits of account number Part 2: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 4: Add the Amounts for Each Type of Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with No	Oun Lu		Last 4 digits of account number	1456		
Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims			, ,	_		
Name and Address Franklin Collection Sv 2978 W Jackson St Tupelo, MS 38801-6731 Name and Address Total claims Part 2: Add the Amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims. Total claims from Part 1 Total claims Franklin Collection Sv 2978 W Jackson St Tupelo, MS 38801-6731 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Part 3: Add the Amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims. Total claims From Part 1 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6b. \$ 0.000 Claims for death or personal injury while you were intoxicated 6c. \$ 0.000				_	•	
Name and Address Franklin Collection Sv 2978 W Jackson St Tupelo, MS 38801-6731 Name and Address Tractor Supply/Cbna PO Box 6497 Sioux Falls, SD 57117-6497 Part 4: Add the Amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each from Part 1 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. Claims for death or personal injury while you were intoxicated On which entry in Part 1 or Part 2 did you list the original creditor? Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims 8980 Fortile 4.5 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Total Claims 6a. Domestic support obligations 6a. \$ 0.00 0.00			•	Part 2: Creditors with Nonp	iority Unsecured Claims	
Franklin Collection Sv 2978 W Jackson St Tupelo, MS 38801-6731 Last 4 digits of account number Do Name and Address Tractor Supply/Cbna PO Box 6497 Sioux Falls, SD 57117-6497 Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Do Hart 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 8980 Part 4: Add the Amounts for Each Type of Unsecured Claims Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims. Total claims from Part 1 6a. Domestic support obligations 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. Signature of the priority Unsecured Claims Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 3: Total Claims Signature Part 4: Do Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 1: Creditors with Priority Unsecured Claims Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Pr		•	Last 4 digits of account number	9143		
Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 1657 Name and Address Tractor Supply/Cbna PO Box 6497 Sioux Falls, SD 57117-6497 Part 4: Add the Amounts for Each Type of Unsecured Claims Last 4 digits of account number Add the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims. Total claims from Part 1 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. Claims for death or personal injury while you were intoxicated Part 2: Creditors with Nonpriority Unsecured Claims? Part 2: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 4: Creditors with	Name and	d Address	On which entry in Part 1 or Part 2 did you	u list the original creditor?		
Tupelo, MS 38801-6731 Last 4 digits of account number 1657 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Tractor Supply/Cbna PO Box 6497 Sioux Falls, SD 57117-6497 Part 4: Add the Amounts for Each Type of Unsecured Claims Last 4 digits of account number 8980 Part 4: Add the Amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims. Total claims from Part 1 6a. Domestic support obligations 6a. \$ 0.00 Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 0.00			Line 4.2 of (Check one):	Part 1: Creditors with Priori	y Unsecured Claims	
Name and Address Tractor Supply/Cbna PO Box 6497 Sioux Falls, SD 57117-6497 Part 4: Add the Amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims. For I are a sand certain other debts you owe the government 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. Sound On which entry in Part 1 or Part 2 did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims For a system For a system Total Claim For a system Total Cl				Part 2: Creditors with Nonp	iority Unsecured Claims	
Tractor Supply/Cbna PO Box 6497 Sioux Falls, SD 57117-6497 Last 4 digits of account number Bay80 Part 4: Add the Amounts for Each Type of Unsecured Claims Control the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims. Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Part 2: Credito	Tupelo		Last 4 digits of account number	1657		
Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	Name and	d Address	On which entry in Part 1 or Part 2 did you	u list the original creditor?		
Last 4 digits of account number 8980 Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. Total Claim Fait 2: Credito's with Noriphionly onsecured claims 8980 Total the amounts for Each Type of Unsecured Claim Total Claim 6a. Domestic support obligations 6a. \$ 0.00 Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 0.00			Line 4.5 of (Check one):	Part 1: Creditors with Priori	y Unsecured Claims	
Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total claims from Part 1 6. Domestic support obligations 6. Domestic support obligations 6. Taxes and certain other debts you owe the government 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated 6. Claims for death or personal injury while you were intoxicated in the personal injury while you were int				Part 2: Creditors with Nonp	iority Unsecured Claims	
6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. Total Claims from Part 1 6a. Domestic support obligations 6a. \$ 0.00 Taxes and certain other debts you owe the government 6b. \$ 0.00 Claims for death or personal injury while you were intoxicated 6c. \$ 0.00	Sloux I		Last 4 digits of account number	8980		
6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. Total claims from Part 1 6a. Domestic support obligations 6a. \$ 0.00 Taxes and certain other debts you owe the government 6b. \$ 0.00 Claims for death or personal injury while you were intoxicated 6c. \$ 0.00		-				
type of unsecured claim. Total Claim 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated Total Claims 6a. \$ 0.00 0.00						
Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6a. \$ 0.00 0.00 0.00			ms. This information is for statistical i	reporting purposes only. 28	U.S.C. §159. Add the amounts for	r each
Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 0.00				Total	Claim	
from Part 1 6b. Taxes and certain other debts you owe the government 6b. \$ 0.00 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 0.00			3	6a. \$	0.00	
6c. Claims for death or personal injury while you were intoxicated 6c. \$ 0.00			s vou owe the government	6b ¢	0.00	
<u> </u>	A VIII Fall			·		
				· 		

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 4

Debtor 1 Korda, Robert John Case number (f known) 5:22-bk-1381

	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				 _
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 5,919.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 5,919.00

Official Form 106 E/F

Fill in th	Fill in this information to identify your case:						
Debtor 1	Robert John Kor	da					
	First Name	Middle Name	Last Name)			
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF DIVISION	PENNSYLVANIA, WILKES-BA	ARRE			
_	5:22-bk-1381						
(if known)				☐ Check if this is amended filing			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person o	r company with Name, Numbe	n whom you have the r, Street, City, State and ZIP	contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			<u> </u>
	Nullibei	Sileet			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			<u> </u>
	Number	Olieet			
	City		State	ZIP Code	_
2.3	O.I.y			2 0000	
	Name				_
					<u> </u>
	Number	Street			
	City		Ctoto	ZIP Code	<u></u>
2.4	City		State	ZIP Code	
2.4	Name				<u> </u>
	name				
	Number	Street			
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

F	ill in this information to identi	fy your case:			
Debtor 1	Robert John Kor				
Debtor 2	First Name	Middle Name	Last Name	ĺ	
(Spouse if, fil	ling) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	MIDDLE DISTRICT OF DIVISION	PENNSYLVANIA, WILKE	ES-BARRE	
	nber 5:22-bk-1381				
(if known)		_			Check if this is an amended filing
Codebtors are filing to and numb case numl 1. Do No Ye 2. Wife	ogether, both are equally respective entries in the boxes on ber (if known). Answer every of you have any codebtors? (If	e also liable for any debtoonsible for supplying cothe left. Attach the Addit question. you are filing a joint case, d	orrect information. If more ional Page to this page. o not list either spouse as operty state or territory?	re space is needed, or On the top of any Add a codebtor.	e as possible. If two married people opy the Additional Page, fill it out, ditional Pages, write your name and
_	. Go to line 3. s. Did your spouse, former spou	se, or legal equivalent live v	vith you at the time?		
line 2	again as a codebtor only if th), Schedule E/F (Official Form	at person is a guarantor	or cosigner. Make sure	you have listed the c	with you. List the person shown in reditor on Schedule D (Official Forn le E/F, or Schedule G to fill out
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt
3.1	Name Number Street			☐ Schedule D, lin☐ Schedule E/F,☐ Schedule G, lin☐	ne line
	City	State	ZIP Code		
3.2	Name			□ Schedule D, lin □ Schedule E/F, □ Schedule G, lir	line
	Number Street City	State	ZIP Code	-	

	in this information t									
Det	otor 1	Robert John	Korda			-				
1	otor 2 buse, if filing)					_				
Uni	ted States Bankrup	tcy Court for the:	MIDDLE DISTRICT OF WILKES-BARRE DIVIS		.,	_				
Cas	se number 5:2	22-bk-1381				l	Check if this	s:		
(If kn	nown)					-	An amen			
								nent showing of the follow	g postpetition owning date:	chapter 13
0	fficial Form	106I					MM / DD	YYYY		
S	chedule I:	Your Inco	me							12/15
spoi	use. If you are sep ch a separate shee	arated and your	re married and not filing spouse is not filing with a the top of any addition	you, do not inclu	ıde informa	ation	about your spo	use. If more	e space is ne	eded,
1.	Fill in your emplinformation.	oyment		Debtor 1			Debto	2 or non-fi	ling spouse	
	If you have more t	han one job,		☐ Employed			☐ Em	oloyed		
	attach a separate information about employers.		Employment status	■ Not employed	I		☐ Not	employed		
	. ,		Occupation							
	Include part-time, self-employed wor		Employer's name							
	Occupation may in homemaker, if it a		Employer's address							
			How long employed th	ere?						
Par	t 2: Give De	tails About Mont	hly Income							
	mate monthly inco		e you file this form. If yo	ou have nothing to r	eport for any	y line	write \$0 in the s	pace. Includ	le your non-filir	ng spouse
	u or your non-filing se, attach a separate		than one employer, comb	ine the information	for all emplo	oyers	for that person o	n the lines b	elow. If you ne	ed more
							For Debtor 1		btor 2 or ing spouse	
2.			, and commissions (beficulate what the monthly w		2.	\$ _	0.00	\$	N/A	
3.	Estimate and list	t monthly overtin	ne pay.		3.	+\$ _	0.00	_ +\$	N/A	
4.	Calculate gross	Income. Add line	2 + line 3.		4.	\$	0.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Official Form 106I Schedule I: Your Income page 2 Entered 09/04/22 11:20:35

Debtor will become gainfully employed in the very near future.

Do you expect an increase or decrease within the year after you file this form?

П

No.

Yes. Explain:

Combined monthly income

Fill	in this i <u>nforma</u>	ation to identify yo	ur ca <u>se:</u>					
Deb		Robert John				Che	eck if this is:	
		Nobell John	Norua				An amended filing	
	tor 2 buse, if filing)	_					A supplement show expenses as of the	ring postpetition chapter 13
(Spc	Juse, ii iiiiig)							Tollowing date.
Unite	ed States Bank	ruptcy Court for the:		E DISTRICT OF PENNSYL S-BARRE DIVISION	VANIA,		MM / DD / YYYY	
1	e number 5	:22-bk-1381						
∟ Of	fficial Fo	orm 106J				I		
		J: Your E	 Expen	ises				12/1
info	rmation. If m		ded, attac	If two married people are ch another sheet to this fo				
Par	<u> </u>	ribe Your Housel						
1.	Is this a joir	nt case?						
	No. Go to	o line 2.						
	☐ Yes. Doe	es Debtor 2 live in	n a separa	te household?				
	□ N		t file Offici	al Form 106J-2, <i>Expenses t</i>	for Separate Househ	noldof Debte	or 2.	
2.	Do you hav	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents							☐ Yes
							_	□ No
								☐ Yes
								□ No □ Yes
								☐ Yes
								☐ Yes
3.	expenses o	penses include If people other th d your depender	nan 👝	No Yes				2 730
Par		nate Your Ongoir						
exp				ptcy filing date unless your is filed. If this is a supple				
				overnment assistance if				
	ue of such as ficial Form 10		ve include	ed it on Schedule I: Your I	ncome		Your exp	enses
4.		or home ownersh nd any rent for the		ses for your residence. Ind	clude first mortgage	4.	\$	1,100.00
	If not include	ded in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
	4b. Prope	erty, homeowner's,	or renter's	sinsurance		4b.	\$	0.00
		e maintenance, re				4c.	· —	85.00
_		eowner's associati		lominium dues		4d.	\$	0.00

Official Form 106J Schedule J: Your Expenses page 1

Debte	or 1 Korda, F	Robert John	Case numb	er (if known)	5:22-bk-1381
6.	Utilities:				
	6a. Electricity	, heat, natural gas	6a.	\$	21.00
	6b. Water, see	wer, garbage collection	6b.	\$	0.00
	6c. Telephone	e, cell phone, Internet, satellite, and cable services	6c.	\$	124.00
	6d. Other. Spe	ecify:	6d.	\$	0.00
7.	Food and house	ekeeping supplies	7.	\$	200.00
8.	Childcare and o	hildren's education costs	8.	\$	0.00
9.	Clothing, laund	ry, and dry cleaning	9.	\$	75.00
10.	Personal care p	roducts and services	10.	\$	60.00
11.	Medical and de	ntal expenses	11.	\$	40.00
	Transportation. Do not include c	Include gas, maintenance, bus or train fare.	12.	\$	180.00
		clubs, recreation, newspapers, magazines, and books		\$	100.00
		ributions and religious donations		\$	0.00
	Insurance.				0.00
-		nsurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insura	, , ,	15a.	\$	0.00
	15b. Health ins	urance	15b.	\$	0.00
	15c. Vehicle ins	surance	15c.	\$	119.00
	15d. Other insu	rance. Specify:	15d.	\$	0.00
	Taxes. Do not in Specify:	clude taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
	Installment or le	pase navments:		—	0.00
	17a. Car payme		17a.	\$	607.00
	17b. Car payme	ents for Vehicle 2	17b.	\$	0.00
	17c. Other. Spe	ecify:	17c.	\$	0.00
	17d. Other. Spe		17d.	\$	0.00
18.	Your payments	of alimony, maintenance, and support that you did not report	as		
		your pay on line 5, Schedule I, Your Income (Official Form 106)) . 18.	\$	0.00
		s you make to support others who do not live with you.		\$	0.00
	Specify:	auto, avenance not included in lines 4 au E of this form as an Co	19.	lnoomo	
		erty expenses not included in lines 4 or 5 of this form or on Sc. s on other property	nedule I: Your 20a.		0.00
	20b. Real estat		20b.		0.00
		nomeowner's, or renter's insurance	20c.		0.00
	1 ,	ice, repair, and upkeep expenses	20d.		0.00
		er's association or condominium dues	20a. 20e.		0.00
	Other: Specify:	ci 3 association of condominant ducs	21.	·	0.00
۷١.	Other: Opcony.			ΤΨ	0.00
	•	monthly expenses			
	22a. Add lines 4			\$	2,711.00
	22b. Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official Form 106J-	2	\$	
	22c. Add line 22a	a and 22b. The result is your monthly expenses.		\$	2,711.00
	-	monthly net income.	·		
	23a. Copy line	12 (your combined monthly income) from Schedule I.	23a.	\$	183.33
	23b. Copy your	monthly expenses from line 22c above.	23b.	-\$	2,711.00
	23c. Subtract v	our monthly expenses from your monthly income.			
		is your monthly net income.	23c.	\$	-2,527.67
	For example, do yo	an increase or decrease in your expenses within the year after ou expect to finish paying for your car loan within the year or do you expect terms of your mortgage?			ase or decrease because of a
	☐ Yes.				

Fill in this in	nformation to identify yo	our case:			
Debtor 1	Robert John Kor				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF DIVISION	PENNSYLVANIA, WILKES-I	BARRE	
Case number	5:22-bk-1381				
(if known)					Check if this is an
					amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below								
Did	Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?								
	No								
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)							
		Booka attorn, and Signature (Cincian Simino)							
	ler penalty of perjury, I declare that I have read the summary ar they are true and correct.	d schedules filed with this declaration and							
X	/s/ Robert John Korda	X							
-	Robert John Korda Signature of Debtor 1	Signature of Debtor 2							
	Date September 4, 2022	Date							

Fill in tl					
Debtor 1	Robert John Kor	da			
	First Name	Middle Name	Last Name		Į
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF DIVISION	PENNSYLVANIA, WILKES	S-BARRE	
Case number	5:22-bk-1381				
(if known)					Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

		Your a	assets
		Value	of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	278,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	40,299.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	318,299.00
Pai	t 2: Summarize Your Liabilities		
			liabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	147,892.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e & chedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j d3chedule E/F	\$	5,919.00
	Your total liabilities	\$	153,811.00
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I	\$	183.33
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,711.00
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
S .	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other.	ner sched	ules.
	■ Yes		

- Yes
- 7. What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C.§ 159.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____0.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	Fill in t	his information to ident	ify your case:					
Dal								
Dei	btor 1	Robert John Ko	Middle Name		_ast Name			
Del	btor 2							
(Spc	ouse if, filing)	First Name	Middle Name	ı	ast Name			
Uni	ited States I	Bankruptcy Court for the:	MIDDLE DISTRICT OF DIVISION	PENNSYI	LVANIA, WILKES-B	ARRE		
Cas	se number	5:22-bk-1381						
(if kr	nown)						□ C	heck if this is an
∟ Of	ficial F	orm 107					aı	mended filing
			Affairs for Indivi	duals	Filing for E	Bankruptcy	1	04/22
info (if k	rmation. If nown). Ans	more space is needed, wer every question.	ble. If two married people a attach a separate sheet to	this form	. On the top of any			
1.		our current marital statu	arital Status and Where You	ı Livea B	eiore			
••	wilat is yo	our current mantai statt	13:					
	☐ Marri	ed						
	Not n	narried						
2.	During the	e last 3 years, have you	lived anywhere other than	where yo	u live now?			
	■ No							
	_	List all of the places you li	ved in the last 3 years. Do no	include v	here you live now.			
	Debtor 1:		Dates Debtor 1 there	lived	Debtor 2 Prior A	ddress:		Dates Debtor 2 lived there
3. state			ver live with a spouse or legifornia, Idaho, Louisiana, Ne					
	■ No □ Yes.	Make sure you fill out <i>Sch</i>	edule H: Your Codebtors (Of	ficial Forn	n 106H).			
Par	rt 2 Exp	lain the Sources of You	r Income					
4.	Fill in the t	otal amount of income yo	nployment or from operation received from all jobs and nave income that you receive	all busine	sses, including part	time activities.	vious calenda	ar years?
	■ No							
	_	Fill in the details.						
			Debtor 1			Debtor 2		
			Sources of income Check all that apply.		s income re deductions and	Sources of in Check all that		Gross income (before deductions

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

exclusions)

page 1

and exclusions)

э.	Include in other publ	Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.								
	List each	source and th	ne gross incom	ne from each source separat	ely. Do not include income th	at you listed in line 4.				
	■ No									
	☐ Yes.	Fill in the de	etails.							
				Debtor 1		Debtor 2				
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)		
Pa	rt 3: Lis	t Certain Pa	yments You I	Made Before You Filed for	Bankruptcy					
.	No. ■ Yes.	Neither De individual puring the No. Yes * Subject Debtor 1 c	90 days before Go to line 7. List below ear creditor. Do payments to to adjustment or Pettor 2 or 90 days before Go to line 7. List below ear payments for this bankrup	personal, family, or household be you filed for bankruptcy, diseach creditor to whom you painot include payments for down an attorney for this bankrupton 4/01/25 and every 3 years both have primarily conse you filed for bankruptcy, diseach creditor to whom you pain domestic support obligation	umer debts. Consumer debted purpose." If you pay any creditor a total dependence of \$7,575* or more incomestic support obligations, toy case. If after that for cases filed on the umer debts. If you pay any creditor a total dependence of \$600 or more and ans, such as child support and the unit of \$600 or more and ans, such as child support and the unit of \$600 or more and ans, such as child support and the unit of \$600 or more and the unit of \$60	of \$7,575* or more? In one or more payme such as child suppoor after the date of act of \$600 or more? If the total amount you a alimony. Also, do not a do not be a supposed to the total amount you a do not be a supposed to the total amount you.	ents and the total rt and alimony. A djustment.	amount you paid that Also, do not include or. Do not include nts to an attorney for		
7.	Insiders in which you business to No	clude your re are an office you operate a List all paym	elatives; any ge er, director, per as a sole propr nents to an insi	eneral partners; relatives of a son in control, or owner of 2 ietor. 11 U.S.C. § 101. Included	paid a payment on a debt you o ny general partners; partners 0% or more of their voting sed de payments for domestic su	chips of which you are curities; and any mar	e a general partn naging agent, inc ch as child suppo	luding one for a ort and alimony.		
	Insider's	Name and	Address	Dates of paym	ent Total amount paid	Amount you still owe	Reason for the	nis payment		
3.	insider? Include pa	ayments on d	-	ed or cosigned by an insider.	any payments or transfer		count of a debt	that benefited an		
	Insider's	Name and	Address	Dates of paym	ent Total amount	Amount you	Reason for the			
					paid	still owe	Include credit	or's name		

Case number (if known) 5:22-bk-1381

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications,

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

Debtor 1 Korda, Robert John

Del	otor 1 Korda, Robert John		Case number (if k	(nown) 5:22-bk-1	381					
	and contract disputes.									
	□ No									
	Yes. Fill in the details.									
	Case title Case number	Nature of the case	Court or agency	Status of th	ne case					
	Bank of New York Mellon v. Paula Korda and Robert Korda 2021-03140	Civil - Mortgage Foreclosure	Luzerne County Court of Common Pleas 200 N River St Wilkes Barre, PA 18711-1004	■ Pending □ On appe □ Conclud	eal					
10.	Within 1 year before you filed for bankrupte Check all that apply and fill in the details below ■ No. Go to line 11. □ Yes. Fill in the information below.		rty repossessed, foreclosed, ga	ırnished, attached,	seized, or levied?					
	Creditor Name and Address	Describe the Property Explain what happened		Date	Value of the property					
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details.		iding a bank or financial institu	tion, set off any an	nounts from your					
	Creditor Name and Address	Date action was taken	Amount							
12.	Within 1 year before you filed for bankrupte court-appointed receiver, a custodian, or a □ No □ Yes		ty in the possession of an assi	gnee for the benef	it of creditors, a					
Par	tt 5: List Certain Gifts and Contributions									
13.	 Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No Yes. Fill in the details for each gift. 									
	Gifts with a total value of more than \$600 person	per Describe the gifts		Dates you gave the gifts	Value					
	Person to Whom You Gave the Gift and Address:									
14.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or cont		or contributions with a total va	llue of more than \$	600 to any charity?					
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	al Describe what you		Dates you contributed	Value					
Par	rt 6: List Certain Losses									

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

Desc

Dei	Korda, Robert John		Ca	ise number (i	5:22-DK-13	881
	or gambling?					
	■ No					
	☐ Yes. Fill in the details.					
	Describe the property you lost and how the loss occurred	Include	be any insurance coverage for the loss the amount that insurance has paid. List noe claims on line 33 of Schedule A/B: Pro	t pending	Date of your loss	Value of property lost
Do	t 7: List Certain Payments or Transfers		ice dailitis off lifte 33 diochedule A/D. 1 10	perty.		
Fall	t 7: List Certain Payments or Transfers					
16.	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p Include any attorneys, bankruptcy petition pre	reparin	g a bankruptcy petition?			y to anyone you
	□ No					
	Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	ou	Description and value of any propert transferred	ty	Date payment or transfer was made	Amount of payment
	Law Offices of Jason P. Provinzano	ο,	\$893.00		07/27/2022	\$893.00
	LLC 16 W Northampton St					
	Wilkes Barre, PA 18701-1708					
	Chapter 13 Filing Fee		\$313.00		07/27/2022	\$313.00
	Dollar Learning Foundation Inc		\$45.00		07/27/2022	\$45.00
	CINCompass Credit Report		\$32.00		07/27/2022	\$32.00
17.	Within 1 year before you filed for bankrup promised to help you deal with your cred. Do not include any payment or transfer that your No	itors or	to make payments to your creditors?	half pay or	transfer any propert	y to anyone who
	Yes. Fill in the details.					
	Person Who Was Paid Address		Description and value of any propert transferred	ty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankru transferred in the ordinary course of your include both outright transfers and transfers gifts and transfers that you have already listed. No	r busin made as	ess or financial affairs? s security (such as the granting of a securit			
	Yes. Fill in the details.					
	Person Who Received Transfer Address		Description and value of property transferred		ny property or received or debts change	Date transfer was made
	Person's relationship to you					

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1	Korda, Robert John		Ca	ase number (if known)	5:22-bk-138	11
bene =	eficiary? (These are often called asset-pro No	tection devices.)				
	Yes. Fill in the details.					
Nan	ne of trust	Description and v	alue of the propert	ty transferred		Date Transfer was
						made
Part 8:	List of Certain Financial Accounts, Ins	struments, Safe Deposit	Boxes, and Storage	e Units		
sold	in 1 year before you filed for bankruptc , moved, or transferred? ude checking, savings, money market, o			•	•	
hous	ses, pension funds, cooperatives, assoc No	ciations, and other financ	cial institutions.			
	Yes. Fill in the details.					
	ne of Financial Institution and dress (Number, Street, City, State and ZIP e)	Last 4 digits of account number	Type of account instrument	or Date accou closed, sol moved, or transferred	ld,	ast balance before closing or transfer
	ou now have, or did you have within 1 y n, or other valuables?	year before you filed for	bankruptcy, any sa	afe deposit box or o	ther depository	y for securities,
	No					
	Yes. Fill in the details.					
	ne of Financial Institution Iress (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S and ZIP Code)		escribe the contents	;	Do you still have it?
2. Have	e you stored property in a storage unit o	or place other than your	home within 1 vear	r before vou filed fo	r bankruptcv?	
	No Yes. Fill in the details.		ŕ	·	, ,	
	ne of Storage Facility dress (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S and ZIP Code)		escribe the contents	;	Do you still have it?
Part 9:	Identify Property You Hold or Control					
3. Do y	ou hold or control any property that so eone.		de any property yo	ou borrowed from, a	re storing for,	or hold in trust for
_						
_	No Yes. Fill in the details.					
	ner's Name dress (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		escribe the property	•	Value
ort 10:	Give Details About Environmental Info	ormation				
or the p	urpose of Part 10, the following definition	ons apply:				
toxic	ironmental law means any federal, state c substances, wastes, or material into the crolling the cleanup of these substances	ne air, land, soil, surface	• .	•	•	
Site	means any location, facility, or property, operate, or utilize it, including disposa	as defined under any e	nvironmental law,	whether you now ov	vn, operate, or	utilize it or used to
	ardous material <mark>means anything an env</mark> erial, pollutant, contaminant, or similar t		s a hazardous was	te, hazardous subst	tance, toxic sul	bstance, hazardous
	I notices, releases, and proceedings that		dless of when they	occurred.		

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Deb	otor 1 Korda, Robert John		Case number (if known)	5:22-bk-1381						
		_								
24	Has any governmental unit natified you that yo	ou may be liable or netentially liable.	under er in vieletien ef	an anvironment	ol low?					
24.	Has any governmental unit notified you that yo	ou may be hable of potentially hable t	under of in violation of	an environment	ai iaw :					
	■ No									
	Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental lav	v, if you	Date of notice					
25.	Have you notified any governmental unit of an	y release of hazardous material?								
	■ No									
	Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental lav know it	v, if you	Date of notice					
26.	Have you been a party in any judicial or admin	istrative proceeding under any envir	onmental law? Include	settlements and	l orders.					
	■ No									
	Yes. Fill in the details.									
	Case Title	Court or agency	Nature of the case		Status of the					
	Case Number	Name Address (Number, Street, City, State and ZIP Code)			case					
Par	t 11: Give Details About Your Business or Co	nnections to Any Business								
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have any	of the following conne	ections to any bi	usiness?					
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time									
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)									
	☐ A partner in a partnership									
	☐ An officer, director, or managing execu	·								
	☐ An owner of at least 5% of the voting or equity securities of a corporation									
	No. None of the above applies. Go to Part	: 12.								
	☐ Yes. Check all that apply above and fill in	the details below for each business.								
	Business Name	Describe the nature of the business	Employer Identif	ication number						
	Address (Number, Street, City, State and ZIP Code)	lame of accountant or bookkeeper	Do not include S	Social Security number or ITIN.						
		·	Dates business existed							
28.	Within 2 years before you filed for bankruptcy, institutions, creditors, or other parties.	did you give a financial statement to	anyone about your bu	siness? Include	all financial					
	■ No									
	☐ Yes. Fill in the details below.									
	Name DAddress	Date Issued								
	(Number, Street, City, State and ZIP Code)									
Par	t 12: Sign Below									
true banl	ve read the answers on this Statement of Finance and correct. I understand that making a false start that the state of the	tatement, concealing property, or ob-	taining money or prope							
	Robert John Korda									
	bert John Korda nature of Debtor 1	Signature of Debtor 2								
Dat	e September 4, 2022	Date								
Offici	al Form 107 Statemen	t of Financial Affairs for Individuals Filing	for Bankruptcy		page 6					

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Debtor 1	Korda, Robert John	Case number (if known)	5:22-bk-1381
Did you at ■ No □ Yes	tach additional pages to Your Statement of F	Financial Affairs for Individuals Filing for Bankruptcy (Off i	icial Form 107)?
■ No		torney to help you fill out bankruptcy forms?	- 440

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Fill in this information to identify your case:					
Debtor 1	Robert John Korda				
Debtor 2 (Spouse, if filing)					
United States Bankruptcy Court for the:		Middle District of Pennsylvania, Wilkes-Barre Division			
Case number (if known)	5:22-bk-1381				

C	Check	as directed in lines 17 and 21:					
	According to the calculations required by this Statement:						
		1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).					
		2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).					
		3. The commitment period is 3 years.					
		4. The commitment period is 5 years.					

 \square Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

paye	s, write your maine and case number (ii known).							
Part	1: Calculate Your Average Monthly Income							
1.	What is your marital and filing status? Check one o	nly.						
	■ Not married. Fill out Column A, lines 2-11.							
	☐ Married. Fill out both Columns A and B, lines 2-11.							
10 6	Il in the average monthly income that you received from al 11(10A). For example, if you are filing on September 15, the 6- months, add the income for all 6 months and divide the total by you the same rental property, put the income from that property	month period v y 6. Fill in the re	would esult.	be March 1 thro Do not include	ough August any income a	31. If the amo imount more t	unt of your monthly income v han once. For example, if bo	aried during the
					Column Debtor 1	-	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and commi	ssion	ns (before all	\$	0.00	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	payments fi	rom a	spouse if	\$	0.00	\$	
4.	All amounts from any source which are regularly pof you or your dependents, including child support from an unmarried partner, members of your household roommates. Do not include payments from a spouse. I listed on line 3	t. Include reg I, your depend	gular o dents,	contributions , parents, and	\$	0.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor 1						
	Gross receipts (before all deductions)	\$ 0	.00					
	Ordinary and necessary operating expenses	,	.00					
	Net monthly income from a business, profession, or fa	ırm \$ 0	.00	Copy here -	·> \$	0.00	\$	
6.	Net income from rental and other real property	Debtor 1						
	Gross receipts (before all deductions)	·	.00					
	Ordinary and necessary operating expenses	· —	.00					
	Net monthly income from rental or other real property	0 2	.00	Copy here -	·> \$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

					Columi Debtor		De	olumn B ebtor 2 or on-filing spo	ouse	
7.	Interest, d	lividends, and royalties			\$	0.	00 \$			
		ment compensation			\$	0.	00 \$			
		er the amount if you contend that the amour curity Act. Instead, list it here:	nt received was a benefit u	nder the						
	For you		\$	00						
	For your	r spouse	\$							
9.	under the Sinclude any Government a member 61 of title 1 of retired p	or retirement income. Do not include any a Social Security Act. Also, except as stated i y compensation, pension, pay, annuity, or a nt in connection with a disability, combat-re of the uniformed services. If you received a 10, then include that pay only to the extent the pay to which you would otherwise be entitled ther than chapter 61 of that title.	in the next sentence, do no illowance paid by the United lated injury or disability, or any retired pay paid under co that it does not exceed the a	t d States death of hapter amount	;	0.	00 \$			
10.	Do not incl as a victim terrorism; of States Gov death of a	om all other sources not listed above. Stude any benefits received under the Social of a war crime, a crime against humanity, or compensation, pension, pay, annuity, or a vernment in connection with a disability, commember of the uniformed services. If necessage and put the total below.	Security Act; payments recording international or domesticallowance paid by the Uniternative or disab	ed ility, or	\$	0.	00 \$			
					\$	0.	00 \$			
	Т	otal amounts from separate pages, if any.		+	\$	0.	00 \$			
11. Part	each colur	your total average monthly income. Add the total for Column A to the termine How to Measure Your Deduction	e total for Column B.	\$	0.0	<u>o</u> +	\$	=	Total	0.00 average thly income
12. 13.	Copy you	r total average monthly income from lin	ne 11.						\$	0.00
10.	_	are not married. Fill in 0 below.								
		are married and your spouse is filing with your are married and your spouse is not filing with								
	Fill in		ou or yo	our dependents						
such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list a a separate page.										djustments on
	If this	adjustment does not apply, enter 0 below.								
				\$						
				\$						
				+\$						
		Total		\$		0.00	Copy he	ere=>		0.00
14.	Your cur	rrent monthly income. Subtract line 13 fr	rom line 12.				J	:	\$	0.00
15.		e your current monthly income for the yopy line 14 here>							\$	0.00
	.50. 00	F,							-	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Debtor 1	Ko	rda, Robert John		Case number (<i>if known</i>) 5:22-bk-1381				
	N	Multiply line 15a by 12 (the number of months i	n a year).		x 12 \$			
1	5b. T	he result is your current monthly income for the	year for this part of the f	orm				
16. C a	lculat	e the median family income that applies to y	you. Follow these steps:					
16	a. Fill i	n the state in which you live.	PA					
16	b. Fill	in the number of people in your household.	1					
16	To	in the median family income for your state and find a list of applicable median income amount ructions for this form. This list may also be avail	ts, go online using the lin		\$60,640.	.00		
17. Ho	w do	the lines compare?						
17	a.	Line 15b is less than or equal to line 16c. U.S.C. § 1325(b)(3). Go to Part 3. Do NO		•		der 11		
17	b. [☐ Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calci your current monthly income from line 14 al	ulation of Your Disposa					
Part 3:	С	alculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)					
18. C o	ру ус	our total average monthly income from line	11 .		\$	0.00		
tha inc	at calci come,	the marital adjustment if it applies. If you are ulating the commitment period under 11 U.S.C. copy the amount from line 13.	§ 1325(b)(4) allows you t					
19	a. If th	e marital adjustment does not apply, fill in 0 or	ı line 19a.		-\$	0.00		
19	b. Suk	otract line 19a from line 18.			\$0.	.00_		
		e your current monthly income for the year.	. Follow these steps:		. 0	.00		
20	·				Φ			
	Mul	tiply by 12 (the number of months in a year).			x 12			
20	b. The	e result is your current monthly income for the ye	ear for this part of the forn	n	\$0.	.00_		
20	c. Cop	by the median family income for your state and s	size of household from lin	e 16c	\$60,640.	.00		
21	. Ho	w do the lines compare?						
	•	Line 20b is less than line 20c. Unless otherwis is 3 years. Go to Part 4.	se ordered by the court, o	on the top of page 1 of this form, check	c box 3, The commitmen	nt period		
		Line 20b is more than or equal to line 20c. Unl commitment period is 5 years. Go to Part 4.	less otherwise ordered by	y the court, on the top of page 1 of this	form, check box 4, The	;		
	signir	ign Below g here, under penalty of perjury I declare that th bert John Korda	ne information on this stat	ement and in any attachments is true	and correct.			
R	ober	t John Korda						
	Ū	ire of Debtor 1						
Da	te So	eptember 4, 2022 M / DD / YYYY						
If y	ou ch	ecked 17a, do NOT fill out or file Form 122C-2	·-					
If v	ou ch	ecked 17b, fill out Form 122C-2 and file it with	this form. On line 39 of t	that form, copy your current monthly	income from line 14 abc	ove.		

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period